

as when following an object. On attempting to follow a moving object upward O. D. moved further than O. S. by a series of lateral motions. The von Graefe test was negative, there being no movement of the eyeballs either upon inserting prisms or removing them.

Ophthalmoscopic examination showed a decided improvement in the condition of both eyes. The neuroretinitis had subsided. Media clear. Accommodation: O. D. = 3.50 D. O. S. = 3.25 D. (about normal for age, forty-five). O. D. V. = 5/7.5. S. myd. + .25 C. ax. $90^\circ = 5/5$. O. S. V. = 5/7.5. S. myd. + .25 D. S. $\times$.25 C. ax. $90^\circ = 5/5$. The vision had improved as is shown, and with a low correcting lens gave full vision. Fields for form were normal in both eyes. Slightly contracted for color. Music balance at 5m. = exophoria 8° and L. H. 1° . Muscle balance at 33 cm. = exophoria 14° and L. H. 1° .

Dr. Weisenburg said that he had examined the patient with Dr. Krall. The case was a very interesting one and it was rather difficult to understand why after a number of years following a unilateral ophthalmoplegia the other eye should be involved. Two possible explanations can be given: one that the nucleus of the oculomotor nerve has become diseased; the other, that we have here symptoms which are due to disuse, the latter being probably the case. This is also borne out by the fact that the movements of the eye are much better in so-called involuntary action than in voluntary movement.

Dr. Dercum asked why the affection could not have been a polioencephalitis superior. Polioencephalitis does distinctly begin on one side and at times is even limited to one side. It is not necessary to fall back on a theory of hemorrhage in a case of this kind.

AN UNUSUAL SYMPTOM IN CHOREA.

By Dr. G. E. Price.

A report of three cases of chorea from the Neurological Dispensary of St. Christopher's Hospital, presenting marked hypersecretion of saliva with more or less constant dribbling. Two of the cases were in girls and one in a boy; the ages being six, twelve and fourteen years respectively. All three cases had one prior attack of chorea, the intervals between the attacks being from one to three years. In each instance the choreiform movements were general, the tongue and muscles of mastication being especially affected. There were speech involvement and some degree of mental disturbance in all, but no history of fright, rheumatism or scarlet fever could be obtained in any of the cases. Two of the patients had systolic murmurs at the cardiac apex; in one case the heart sounds were normal. One child was poorly nourished and anemic, two were in fair general physical condition. None of the cases presented hysterical stigmata. One of the patients was included in the series through the courtesy of Dr. Luther C. Peter, the case occurring in his service.

THE CLINICAL RESEMBLANCE OF CEREBROSPINAL SYPHILIS TO DISSEMINATED SCLEROSIS.

By Dr. William G. Spiller and Dr. Carl D. Camp.

The case reported illustrated the difficulty in diagnosis which may exist. A young man, positively denying during several years, syphilitic infection, presented marked ataxia of gait, intention tremor of the limbs, and a month or two before death, of the muscles of the face; scanning

speech, at first normal pupillary reactions, later Argyll-Robertson pupils, unequal pupils and pallor of the temporal side of the right optic nerve. Remissions did not occur during the years he was in the hospital. Nystagmus was not observed. The lesions found were those of meningo-encephalo-myelitis, consisting chiefly of round cell infiltration, and degeneration of the posterior columns of the cord. It may be that some cases of multiple sclerosis are overlooked by superficial examination, but on the other hand there seems at present a danger that much will be called multiple sclerosis that in reality is some other disease.

THE NEURASTHENIA OF AUTOINTOXICATION.

By Dr. T. J. Orbison.

On the one hand is Oppenheim with those with him who explicitly deny that neurasthenia may be due to autointoxication. On the other hand are Bouchard and those who actively support the affirmative side of the question. There is a middle ground occupied by Osler and Musser, teachers who do not deny the possibility of this cause, but who do not teach it in their books. This paper supports the affirmative side of the argument and gives cases in support. The intestinal tract is an ideal laboratory for the manufacture of poisons; the mucous membrane is a secreting one; the bile and urine have been proven to be active poisons; the blood itself is a carrier of poisons. Given an excess in the poisons or a decrease in the expulsion of them, it is reasonable to suppose symptoms may arise that are truly neurasthenic in character.

Dr. Guy Hinsdale said that as we saw cases of the graver type of mental disturbances due to autointoxication he saw no reason why we should not have cases of neurasthenia due to the same cause.

THE PHILADELPHIA NEUROLOGICAL SOCIETY.

February 26, 1907.

The Vice-President, DR. J. W. McCONNELL, in the Chair.

PARALYSIS OF THE SIXTH NERVE, COMING ON DURING AN ATTACK OF TYPHOID FEVER.

By Dr. J. H. Lloyd.

Dr. J. H. Lloyd showed this patient, a negro woman, a school teacher, aged twenty-nine years, who had been admitted to his wards in the Methodist Episcopal Hospital in January, suffering with typhoid fever. When admitted she was about at the end of the second week of the disease. The fever pursued a regular, uncomplicated course until the twenty-seventh day, after which her temperature remained practically normal. For a part of the time the patient received the Brand treatment, having in all ten tubbings during a period of four days. For the remainder of the time she was sponged. There was only slight delirium, and not much diarrhea. The urine for a while presented some albumin and a few casts. There were no nervous symptoms of special importance, except a little headache when the patient was admitted, and later the slight confusional delirium just mentioned. The Widal reaction was positive. The patient first noticed diplopia when she came out of her delirium, that is, before the fever ended; hence